

SUBMIT COMPLETED ORIGINAL
APPLICATION, TAX STATEMENT
AND FEE TO:

Bayfield County Zoning Department
P.O. Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
OCT 14 2011

Application No.: 11-0420
Date: 11/2/11
Zoning District: R-1 Class 1
Amount Paid: \$100.00/10/11/11

Bayfield Co. Zoning Dept.

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Changes in plans must be approved by the Zoning Department.

LAND USE ☒ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER ☐

Use Tax Statement for Legal Description

Legal Description 1/4 of Section 34 Township 44 North, Range 06 West, Town of Grandview
Gov't Lot 14 Lot 1535 CSM #804 Block 804 Subdivision CSM # 804 Acreage 28.0

Volume 5 Page 258 of Deeds Parcel I.D. 04-021-3-44-06-34-3 05-004-10000

Property Owner Steven & Suzanne Jensen

Contractor Don & Jeanne Schaefer (Phone) 715-634-6366

Address of Property 46130 Point-of-View Rd

Plumber Vickery Plumbing & Heating

Cake, WI 54821

Authorized Agent Mont Curtis (Phone) 715-442-8808

Telephone 678-591-8842 (Home) 404-933-0940 (Work)

Written Authorization Attached: Yes ☒ No ☐

Is your structure in a Shoreland Zone? Yes ☒ No ☐ If Yes,

Distance from Shoreline: greater than 75' ☒ 75' to 40' ☐ less than 40' ☐

Structure: New ☒ Addition ☐ Existing ☐

Basement: Yes ☐ No ☒ Number of Stories 1

Fair Market Value 34,000⁰⁰ Square Footage 960

Sanitary: New ☐ Existing ☒ Privy ☐ City ☐

USE: Type of Septic/Sanitary System Conventional

☐ * Residence or Principal Structure (# of bedrooms) _____

☐ Mobile Home (manufactured date) _____

☐ Residence sq. ft. _____

☐ Commercial Principal Building _____

☐ * Residence w/deck-porch (# of bedrooms) _____

☐ Commercial Principal Building Addition (explain) _____

Residence sq. ft. _____ Porch sq. ft. _____

☐ Commercial Accessory Building (explain) _____

Deck sq. ft. _____ Deck(2) sq. ft. _____

☐ Commercial Accessory Building Addition (explain) _____

☐ * Residence w/attached garage (# of bedrooms) _____

☐ Commercial Other (explain) _____

☐ Residential Addition / Alteration (explain) _____

☐ Special/Conditional Use (explain) _____

☒ Residential Accessory Building (explain) 24' x 10' Garage

☐ External Improvements to Principal Building (explain) _____

☐ Residential Accessory Building Addition (explain) _____

☐ External Improvements to Accessory Building (explain) _____

☐ Residential Other (explain) _____

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering property ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent (Signature) Mont Curtis Date Oct 12-2011

Address to send permit 10636 Hayward Ct, Hayward WI, 54843

ATTACH
Copy of Tax Statement or ☒
(If you recently purchased the property
Attach a Copy of Recorded Deed)

* See Notice on Back

APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: State Sanitary Number _____ Date _____

Date 11/2/11 Permit Number 11-0420 Permit Denied (Date) _____

Reason for Denial: _____

Inspection Record: Well staked. I actually set the stake. Property lines per ~~survey~~
 agents representations. By M. Furtak Date of inspection 10-20-11

Mitigation Plan Required: Yes ☐ No ☒ Variance (B.O.A.) # _____

Condition: Not to be used for human habitation. No water under
 pressure in structure.

Rec'd for Issuance

Signed Michael Furtak 10-20-11

Inspector Date of Approval

NOV 2 2011

Secretarial Staff

#102
ENTERED

1263,



- IMPORTANT**
DETAILED PLOT PLAN
IS NECESSARY, FOLLOW
STEPS 1-8 (a-o) COMPLETELY.

Revised June 2008